

Foster Family Home - Corrective Action Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA

Review ID: 1-631300-7

94-1336 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/26/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/26/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/26/19.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#2 lapsed on APS/CAN renewed on 9/27/19 was expired 3/21/19.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No client account record form initiated for Client #1 since 1/1/19- CG#1 handles client's allowance. No accounting seen of expenditures. Per CMA RN visit dated 5/16/19, CM RN charted that CG#1 used Client #1's allowance to purchase ensure supplements.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- The following medication discrepancies were noted for Client #1:

1 Medication with an expiration date of 7/23/19.

1 Medication without MD order, not listed in CMA's medication list, not in Medication Administration Record but bottle is present with a dispensed date of 8/22/19 original quantity 30; pills left inside the bottle is a total of 16. CG#1 is unable to account for the missing pills; denied administering any to Client #1.

1 medication does not match MD order, Medication Administration Record, and bottle label.

Maribel Nakamine, RN
Compliance Manager

11/26/19
Date

Mary Jane Dela Pena
Primary Care Giver

11/26/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MARY JANE DELA PENA

CCFFH Address: 94-1336 HUAKAI ST., WAIPAHU, HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	Lapse cannot corrected but CG#1 showed CTA Compliance Manager the current APS/CAN and placed in home binder.	11/26/2019	CG#1 will utilize cellphone calendar to schedule 2-3 months in advance to prevent future lapse.
48(a)	Started client account and placed in client #1 chart.	11/27/2019	PCG will not use client money for ensure supplements and do monthly charting account and put in her binder.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD and PCG on client's Medication Administration Record	11/27/2019	MD update 5 minutes pharmacy for med list so that it will match medication record. PCG and CMA, RN will carefully check MAR and med are match. PCG will discharge old med containers that been D/C and not use any empty bottle that doesn't have label. Get a new MD order and med before expiration.

Primary Caregiver's Signature: Mary Jane V. Dela Pena

Print Name: MARY JANE DELA PENA

Date of Signature: 12-25-19